|  | DATENT ADDITION  |   |                |  |            |   |           |                    |                              |            |                     |                        |
|--|--|---|----------------|--|------------|---|-----------|--------------------|------------------------------|------------|---------------------|------------------------|
| ŀ  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |   |                |  |            |   |           |                    | Application or Docket Number |            |                     |                        |
| -  |  |   |                |  |            |   |           |                    |                              | 0/         | 5636                | 34                     |
| CLAIMS AS FILED - PAF  |  |   |                |  |            |   |           | SMALL EN           | ATITY                        | 7<br>OR    |                     | RTHAN                  |
| U.   | S. <b>N</b> ATIONAL  |   |                |  | (Column 2) | ٦   | RATE      | 7                  | ם<br>ה                       |            | ENTITY              |                        |
| BASIC FEE  |  |   | SMALL EI       | SMALL ENT. = \$ 150                                  |            | RGE ENT. = \$ 300                             | $\dashv$  | BASIC FEE          | FEE                          | -          | RATE                | FEE                    |
| EXAMINATION FEE  |  |   |                | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100     |            | All other situations = \$ 100 / \$ 200        |           | EXAM. FEE          |                              | OR         | BASIC FEE           | 120                    |
| SEARCH FEE   |  |   | ALL other      | U.S. is ISA = \$50 / \$ 100<br>ALL other countries = |            | All other situations = \$ 250 / \$ 500        |           | SEARCH FEE         | <del> </del>                 | -          | EXAM. FEE           | 3/2                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   |                | \$ 200 / \$ 400<br>minus 100 =                       |            | /50 =   |           |                    | ļ                            | 4          | SEARCH FEE          | 400                    |
| TOTAL CHARGEABLE CLAIMS  |  |   | 1 na           | ) 3 minus 20 =                                       |            | 750 =   |           | X \$ 125 =         | ļ                            |            | X \$ 250 =          |                        |
| ┢─   | EPENDENT CI  | 10/   |                | .3   |            |   | X \$ 25 = |                    | OR                           | X \$ 50 =  | 150                 |                        |
| MULTIPLE DEPENDENT CLAIM PRE   |  |   |                | minus 3 =  | /          | <u>'                                     </u> |           | X \$ 100 =         |                              | OR         | X \$ 200 =          | 200                    |
|  |  |   |                |  |            |   |           | + \$ 180 =         |                              | OR         | + \$ 360 =          | ·                      |
| "  | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                |  |            |   |           |                    |                              | OR         | TOTAL               | 115                    |
| CLAIMS AS AMENDED - PART II  |  |   |                |  |            |   |           |                    |                              |            |                     | 1000                   |
|  | (Column 1) (Column 2) (Column 3)   |   |                |  |            |   |           | SMALL E            | ENTITY                       | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F                    | ER<br>USLY | PRESENT<br>EXTRA                              |           | RATE               | ADDI-<br>TIONAL              |            | RATE                | ADDI-<br>TIONAL        |
|  | Total  | *   | Minus          | **   | <u> </u>   | =   |           | X \$ 25 =          | FEE                          |            | V 4                 | FEE                    |
|  | Independent  | *   | Minus          | ***  |            | =   |           | X \$ 100 =         |                              | OR         | X \$ 50 =           |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                |  |            |   |           |                    | OR                           | X \$ 200 = |                     |                        |
|  |  |   |                |  |            |   |           | + \$ 180 =         |                              | OR         | + \$ 360 =          |                        |
|  |  |   |                |  |            |   |           | FEE                |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
| _  |  | (Column 1)<br>CLAIMS                          |                | (Columi  |            | (Column 3)                                    |           |                    |                              |            |                     |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT               |                | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO                | ER<br>ISLY | PRESENT<br>EXTRA                              |           | RATE               | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **   |            | =   |           | X \$ 25 =          |                              | OR         | X \$ 50 =           |                        |
| AME  | <b>nd</b> ependent   | *   | Minus          | ***  |            | =   | f         | X \$ 100 =         |                              | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                |  |            |   |           | + \$ 180 =         |                              | OR         | + \$ 360 =          |                        |
|  | ž.   |   |                |  |            |   | -         | OTAL ADDIT.<br>FEE |                              | L          | OTAL ADDIT.         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |                |  |            |   |           |                    |                              |            |                     |                        |
| T  | are inducation   | nber Previously Paid<br>per Previously Paid F | FACTIN THIS CO | 0ACE in 1 11   |            |   | the a     | appropriate box i  | n column 1,                  |            |                     |                        |

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE